CITY OF COUNCIL BLUFFS, IOWA * BOARD OF HEALTH * DEPARTMENT OF PUBLIC HEALTH * ANIMAL CONTROL DIVISION

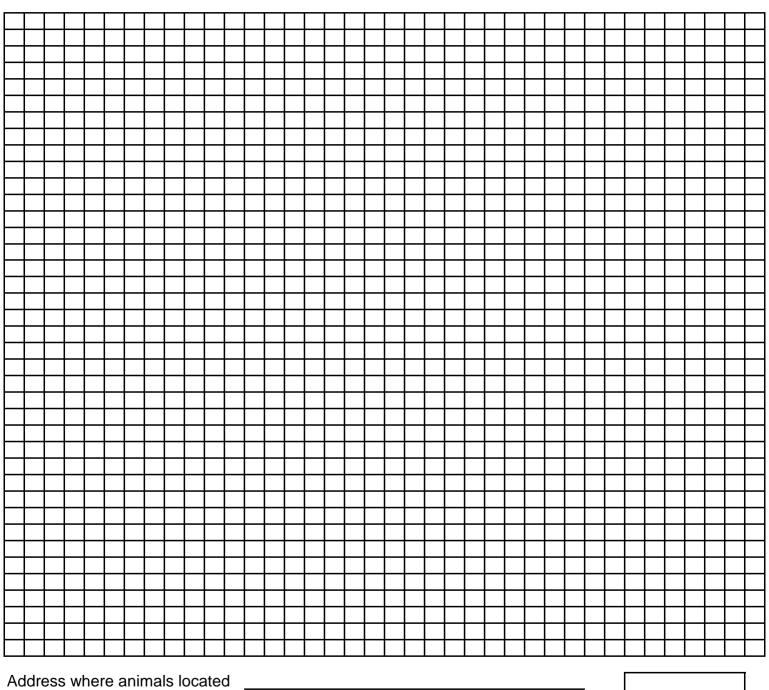
1020 Railroad Ave, Ste. B * Council Bluffs, lowa 51503 * (712)328-4656

FARM TYPE ANIMAL PERMIT APPLICATION

	1 7	JIZIVI I	• •					1 /1			<i></i>						
	TRUCTIONS: (1) Please answer ney order or bank draft payable to:										f \$50.00 in	the fo	orm c	of a chec	k,		
	ADDRESS WHERE ANIMALS ARE TO BE			(-1/			ippiica		Tion C.			Пи	EW	w Drenew			
ATA	LEGAL DESCRIPTION OF PROPERTY:																
PROPERTY DATA	TITLE HOLDER OF RECORD:			ADDRESS CITY STA								ZIP		PHONE			
PR	OCCUPANT			ADDRESS CITY STA										PHONE	HONE		
	OWNER OF ANIMALS			ADDRESS CITY STATE							STATE	ZIP		PHONE	HONE		
				** SPECIES	OF FARM	TYPE	ANIMALS TO B	E MAINTAI	NED **					<u> </u>			
z	SPECIES		Р	PRESENT NO.	MAX. N	Ο.			SPECI	ES		PRE	SENT	NO. M	D. MAX. NO.		
ATION	(1)						(4)										
FORM	(2)						(5)										
ANIMAL INFORMATION	(3)						(6)										
	TOTAL NUMBER OF SPECIES OF A (NOTE: THE MAXIMUM NUMBER N				PRESEN	NT	MAXIMUM	Do you have?		Roosters Over 4 months old?	¹ [Boa (swi			Bulls (Bovine)		
	PURPOSE OF PERSONAL/RE	CREATIONAL					DING/SALE OF			Отн	ER (SPECIFY):					
	KEEPING ANIMALS COMMERCIAL (BOARDING STABLE, ETC.) SALE OF MEAT/EGGS/MILK, ETC. LIST ANY OTHER FEDERAL, STATE OR LOCAL LICENSE OR PERMIT WHICH VOU HOLD RELATING TO THE KEEPING OF THESE ANIMALS ISSUING AUTHORITY													STA	TE		
	HOW OFTEN DO YOU CLEAN AND EQUIPMENT USED TO													COMPLY	NO CMPL		
	PICK UP MANURE? CLEAN/PICK UP MANURE FACILITIES FOR STORING MANURE PENDING DESCRIBE LID																
	REMOVAL FROM PROPERTY																
	NAME OF LICENSED REFUSE HAULER WHO WILL REMOVE MANURE FROM PREMISES																
Z	HOW OFTEN IS MANURE REMOVED BY HAULER LOCATION OF LICENSED SANITARY LANDFILL WHERE MANURE IS TAKEN																
SANITATION	FACILITIES FOR STORING BULK FEED		USE ONLY														
SAN	FACILITIES FOR FEEDING AND WATERIN		Ų.														
	SHELTER (DESCRIBE)		OFFIC														
	TENCE (DESCRIBE)																
	CLOSEST DISTANCE FROM FENCE, CAGE OR SHELTER TO (EXACT DISTANCE): OWNER'S HOME NEAREST NEIGHBOR NEAREST WELL																
ZONE	ZONING CLASS OF PROPERTY																
누	The undersigned applicant states that this in and State, including Animal Control, Sanitati other law or rule will be cause for revocation	on, Noise Contro of the permit. W	, Odor e agree	Control and Zo	oning. It is u City, State or	inders othe	tood that the and	mals may n r, inspect a	ot be allow nd search	ved to run at large without warrant, a	e or fly off the pall parts of the	oremises premise	s and ses and	violation of to seize ev	this or any idence		
	which may be used in any legal proceedings transferable as to person or location and tha						•	•		•	ded. It is furthe	er under	rstood	that the per	rmit is non-		
	SIGNATURE	ransferable as to person or location and that the fee will not be refunded if the application is denied or later suspended, revoked or surrendered. SIGNATURE PRINT OR TYPE NAME TITLE													NED		
JSE	I, hereby certify, that I have personally									in strict compli	ance with Ci	ty ordin	ance	s and I fur	hter find		
OFFICE USE	that the fence is is not capable of ANIMAL CONTROL OFFICER	containing the		nals. I recom			permit be Ll ap F ANIMAL CON				DATE SIGNE	D			WED		
OFF			آ	2.020							3.3/12		LAPPROVED DENIED				

Draw a sketch to scale showing: (1) lot size, (2) abutting roads and other public right-of-way or property, (3) location of animal fence and/or shelter, (4) owner's dwelling, (5) neighboring residences within 200 feet of the fence and/or animal shelter, (6) location of any wells, (7) distances between each of the above, (8) indicate north, (9) the scale used, (10) label all structures, roads, etc.

If the distances are less than <u>150 feet</u> from neighboring residences, a letter from each neighbor of less than 150 feet consenting to the distance <u>MUST</u> accompany this application.



Address where animals located																													
Scale 1 inch =feet																													
Date of Application														/II			(J)												
Sig	nat	tur	е																			-		<u> </u>	(Inc	ncai	te No	πn)	